

07-477

(Rev. 5/05)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

(1) Paul Smith 00143003  
 (Name of Plaintiff) (Inmate Number)  
DELAWARE Correctional Center  
1181 Paddock Road  
Smyrna, Delaware 19971  
 (Complete Address with zip code)

(2) \_\_\_\_\_  
 (Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

vs.  
 (1) Reginal Medical First Coll, ET AL  
 (2) Doctor(s)  
 (3) Nurse(s)  
 (Names of Defendants)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

## I. PREVIOUS LAWSUITS

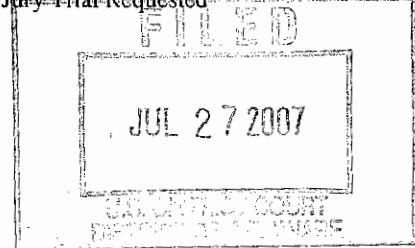
A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

Smith v. Reginal Medical First Correctional  
CASE Number 1:06-cv-431, CASE ASSIGNED Judge GMS  
CASE Number 05-142 Judge Gregory M. STEET.  
Year filed 2004 - 2005  
Medical Mistake(s), + Poor Housing  
Condition(s).

## CIVIL COMPLAINT

07-477

• • Jury Trial Requested



## II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

A. Is there a prisoner grievance procedure available at your present institution?  Yes  No

B. Have you fully exhausted your available administrative remedies regarding each of your present claims?  Yes  No

C. If your answer to "B" is Yes:

1. What steps did you take? I CONTACTED Warden Thomas Carroll, Deputy Warden Betty Buppis, Deputy Warden David Pearce,  
 2. What was the result? ALL IGNORED ME, NO RESULT,

D. If your answer to "B" is No, explain why not: IS BECAUSE THEY ALL KNOW THE POOR CONDITIONS CMS MEDICAL,

## III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: Regional Medical FIRST Correctional ET AL  
 Employed as Doctors + Nurse(s) at DELAWARE Correctional Center  
 Mailing address with zip code: 1181 Paddock Road  
Smyrna, Delaware 19974

(2) Name of second defendant: Commissioner Carl C. Dauberg  
 Employed as Commissioner of at Corrections Delaware DCC  
 Mailing address with zip code: 245 McKee Road  
Dover, Delaware 19904

(3) Name of third defendant: Warden Thomas Cappell  
 Employed as Warden at DELAWARE Correctional Center  
 Mailing address with zip code: 1181 Paddock Road  
Smyrna, Delaware 19974

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

## IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. ON 05-23-07, DCC Medical Staff, DID Refuse ME Medical CARE for ASTHMA, High BLOOD PRESSURE, Hip PAIN, AND Lower LUMBER Support BRACE, AND REMOVED ALL Medication(s), AND Medical Supplies  
I CAME into institution with, PAIN & Suffering.
2. ON 05-29-07, Being Housed W-Building RECEIVED A Spider BITE, Right foot Swelling with poison  
I PLACED Sick CALL(s) After Sick CALL(s) AND HAVE NOT BEEN SEEN YET, 07-06-07.  
ON 06-17-07, Reaching for My Clutches) from Top Bunk Cell (#24 T-Tier W-Building DCC
3. Slipped off Top Bunk, hurting my Back, injured Right KNEE, AND LEFT ARM, HAVE NOT BEEN SEEN By Medical Yet, 07-06-07, ON 06-23-07  
HAVING CHEST PAIN(S), High BLOOD PRESSURE, Nothing DONE Yet, Just in PAIN AND Suffering By Medical  
Staff HERE AT DCC.

## V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Help ME To Work on Solution(s) to Stop Medical Doctor(s) AND Nurse(s) from Refusing ME MEDICAL TREATMENT(S) for my HEALTH CARE, SINCE I BEEN HERE, I BEEN in PAIN, AND Suffering.

2. I feel DISCRIMINATED AGAINST By Medical  
Doctors AND Medical Nurse(s) HERE AT THE  
DELAWARE CORRECTIONAL CENTER, THIS HAS  
BEEN CRUEL AND UNUSUAL PUNISHMENT By  
Berney Refused MEDICAL CARE for my illness(es)  
AND injury(s).

3. Federal Court needs to look into this matter  
CMS management, get qualified staff and get  
rid of medical contractors and hire new employee,  
and work with me into this legal matter I have  
with Regional Medical, and reward me ~~relief~~<sup>relief</sup>  
for pain and suffering.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20<sup>th</sup> day of July, 2004.

(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
**OFFICE OF THE DEPUTY WARDEN**  
DELAWARE CORRECTIONAL CENTER  
1181 Paddock Road  
SMYRNA, DELAWARE 19977  
Telephone: (302) 653-9261  
Fax: (302) 659-6667

---

**MEMORANDUM**

---

TO: Inmate Paul J. Smith SBI# 00142003 Unit W  
FROM: Deputy Warden Burris *Burris*  
DATE: June 7, 2007  
RE: Inmate letter

---

Your letter dated May 28, 2007, has been forwarded to Health Services Administrator Rundle for investigation.

Cc: Health Services Administrator Rundle  
Deputy Warden Pierce

STATE OF DELAWARE )  
COUNTY OF KENT ) SS

AFFIDAVIT OF: Paul Smith 142003  
DATED: 07-06-07

AFFIDAVIT

I, PAUL SMITH, being first duly sworn deposes and says that the foregoing statement is a true and correct observation of what occurred on the above date herein at/in Medical Hospital DCC located in the Delaware Correctional Center, Smyrna, Delaware, in that I was a part of or witnessed the incident described herein. I would clearly state under penalty of perjury of the laws of the State of Delaware.

Smith v. Regional Medical  
ON-05-23-07, HAD Medical Supply(S) WITH ME COMING INTO THIS  
PRISON HERE AT DCC, MEDICAL-MEDICATION(S) FOR ASTHMA, HIP PAIN, AND  
LUMBER SUPPORT BRACE ON, OR AROUND MY BACK, MEDICAL STAFF  
REMOVED EVERYTHING FROM ME, AND I HAVE NOT RECEIVED ANY  
OF MY MEDICAL SUPPLY(S) I COME END WITH, NOR ANY OF MY  
MEDICATION(S), I PLACED SICK CALL(S) IN TO MEDICAL BUT THEY HAVE  
BEEN REFUSING ME TREATMENT(S) AND CARE, ON 05-28-07 PLACED  
GRIEVANCE(S) AGAINST MEDICAL DOCTOR(S) AND NURSE(S) FOR REFUSING  
ME HEALTH CARE FOR MY ASTHMA, HIGH BLOOD PRESSURE, CHEST  
PAIN, HIP PAIN, AND LOWER BACK PAIN(S) AND NOTHING IS  
BEING DONE TOWARDS RECEIVING ANY MEDICAL CARE FOR MY  
HEALTH CONDITION(S) SINCE I BECAME INCARCERATED HERE DCC  
IN BEEN PAIN, AND SUFFERING.

Affiant: Paul Smith  
Signature

Paul Smith 142003  
Print Name

Delaware Correctional Center  
Smyrna, DE. 19977

SWORN TO AND SUBSCRIBED before me this 6<sup>th</sup> day of July, 2007.

My Commission Expires: June 14, 2008

Timothy J. Marts  
Notary Public

STATE OF DELAWARE )  
COUNTY OF KENT ) SS

AFFIDAVIT OF: Paul Smith 140003  
DATED: 07-06-07

AFFIDAVIT

I, PAUL SMITH, being first duly sworn deposes and says that the foregoing statement is a true and correct observation of what occurred on the above date herein at/in Medical Hospital DCC located in the Delaware Correctional Center, Smyrna, Delaware, in that I was a part of or witnessed the incident described herein. I would clearly state under penalty of perjury of the laws of the State of Delaware. Smith v. Danberg

AS OF 05-28-07, THESE Building on this prison compound HERE AT THE DELAWARE Correctional CENTER, HAVE MOLDING, NOID ON CEILING AND WALL SURFACE(S), A growth of fungus from DAMP OR DECAYING MATTER(S), Also LEAD BASE PAINT, OR LEAD mix Compound, A oil BASE causidg poison To my health, Also Housing UNIT(S) Dusty with Dust PARTICLE(S), SpideR(S) AND spider webb(S) HANGING from CEILING - WALL(S), UNDEl HEATER VENT(S), BROKEN tile(S) in Shower(S) AND in BATHROOM(S) within W-Building, PAINT pilling(S) COMING OFF WALL(S) EVERYWHERE inside Housing UNIT(S), AND THESE CONDITIONS Living under ARE HARMFUL To my ASTHMA, STATED BY DCC Medical Doctor on 06-22-07 Time 9:30 AM, SAID ASTHMA Condition HAS gotten worse, The BUREAU of Prison(S), SHOULD Contact THE DEPARTMENT of NATURAL RESOURCES AND ENVIRONMENTAL CONTROL BECAUSE This could result in additional Administrative Civil or CRIMINAL ENFORCEMENT ACTION(S). Dwelling ARE UNSANITARY UNDER DELAWARE LAW(S) AND REGULATIONS.

Affiant: Paul Smith  
Signature

Paul Smith 140003  
Print Name

Delaware Correctional Center  
Smyrna, DE. 19977

SWORN TO AND SUBSCRIBED before me this 6<sup>th</sup> day of July, 2007.

My Commission Expires: June 14, 2008

Timothy J. Marks  
Notary Public

STATE OF DELAWARE )  
COUNTY OF KENT ) SS

AFFIDAVIT OF: Paul Smith 140003  
DATED: 07-06-07

AFFIDAVIT

I, PAUL Smith, being first duly sworn deposes and says that the foregoing statement is a true and correct observation of what occurred on the above date herein at/in Medical Hospital DCC located in the Delaware Correctional Center, Smyrna, Delaware, in that I was a part of or witnessed the incident described herein. I would clearly state under penalty of perjury of the laws of the State of Delaware. Smith v. Danberg

AS OF 05-28-07, THESE Building ON THIS PRISON COMPOUND HERE AT THE DELAWARE CORRECTIONAL CENTER, HAVE MOLDING, NOID ON CEILING AND WALL SURFACE(S), A GROWTH OF FUNGUS FROM DAMP OR DECAYING MATTER(S), ALSO LEAD BASE PAINT, OR LEAD MIX COMPOUND, A OIL BASE CAUSING POISON TO MY HEALTH, ALSO HOUSING UNITS ARE DUSTY WITH DUST PARTICLE(S), SPIDER(S) AND SPIDER WEB(S) HANGING FROM CEILING - WALL(S), UNDER HISTER VENTS, BROKEN TILE(S) IN SHOWERS AND IN BATHROOM(S) WITHIN W-BUILDING, PAINT PILLING(S) COMING OFF WALL(S) EVERYWHERE INSIDE HOUSING UNITS, AND THESE CONDITIONS OF LIVING UNDUL ARE HARMFUL TO MY ASTHMA, STATED BY DCC MEDICAL DOCTOR ON 06-22-07 TIME 9:30 AM, SAID ASTHMA CONDITION HAS GOTTA WORSE, THE BUREAU OF PRISON(S), SHOULD CONTACT THE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL BECAUSE THIS COULD RESULT IN ADDITIONAL ADMINISTRATIVE CIVIL OR CRIMINAL ENFORCEMENT ACTION(S). DWELLING ARE UNSANITARY UNDER DELAWARE LAW(S) AND REGULATION(S).

Affiant: Paul Smith  
Signature

Paul Smith 140003

Print Name

Delaware Correctional Center  
Smyrna, DE. 19977

SWORN TO AND SUBSCRIBED before me this 6th day of July, 2007.

My Commission Expires: June 14, 2008

Timothy J. March  
Notary Public

STATE OF DELAWARE )  
 ) SS  
COUNTY OF KENT )

AFFIDAVIT OF: PAUL Smith 142003  
DATED: 07-06-07

AFFIDAVIT

I, PAUL Smith, being first duly sworn deposes and says that the foregoing statement is a true and correct observation of what occurred on the above date herein at/in W-Building I-34 DCC located in the Delaware Correctional Center, Smyrna, Delaware, in that I was a part of or witnessed the incident described herein. I would clearly state under penalty of perjury of the laws of the State of Delaware. Smith v. Regional Medical  
ON 06-17-07, FALL OFF TOP BED CELL#34 I TIER, INJURED LEFT ARM, RIGHT KNEE, AND BACK, I told Yo Staff TO CONTACT Medical about my fall, SOMEONE FROM MEDICAL SAID CAN I SMITH WALK?, Yo STAFF, STATED YES, TELL I'M SMITH, PUT IN SICK CALL. I DID, AND I HAVE NOT BEEN SEEN YET, PAIN, AND SUFFERING.  
ON 06-07-07, SPIDER BITE, SWELLING MY RIGHT FOOT, ANY I NEED TREATMENT FOR PAIN, AND SWELLING, PLUS MY FOOT COULD HAVE SOME TYPE OF POISON FROM THIS SPIDER BITE, NOT BEEN SEEN YET.

FROM 05-03-07, TO 07-06-07, I PAUL J SMITH 142003, HAS BEEN DISCRIMINATED AGAINST BY MEDICAL STAFF DOCTOR(S) AND NURSE(S) HERE AT THE DELAWARE CORRECTIONAL CENTER NEAR SMYRNA DELAWARE 199977.

Affiant: PAUL Smith  
Signature

PAUL Smith 142003

Print Name

Delaware Correctional Center  
Smyrna, DE. 19977

SWORN TO AND SUBSCRIBED before me this 6th day of July, 2007.

My Commission Expires: June 14, 2008

Timothy J. Marts  
Notary Public

STATE OF DELAWARE )  
COUNTY OF KENT ) SS

AFFIDAVIT OF: Paul Smith 142003  
DATED: 07-06-07

AFFIDAVIT

I, Paul Smith, being first duly sworn deposes and says that the foregoing statement is a true and correct observation of what occurred on the above date herein at/in Medical Hospital DCC located in the Delaware Correctional Center, Smyrna, Delaware, in that I was a part of or witnessed the incident described herein. I would clearly state under penalty of perjury of the laws of the State of Delaware.

Smith v. Regional Medical  
ON -05-23-07, HAD Medical Supply(S) WITH ME COMING INTO THIS  
PRISON HERE AT DCC, MEDICAL - MEDICATION(S) FOR ASTHMA, HIP PAIN, AND  
LUMBAR SUPPORT BRACE ON, OR AROUND MY BACK, MEDICAL STAFF  
REMOVED EVERYTHING FROM ME, AND I HAVE NOT RECEIVED ANY  
OF MY MEDICAL SUPPLY(S) I COME END WITH, NOR ANY OF MY  
MEDICATION(S), I PLACED SICK CALL(S) INTO MEDICAL BUT THEY HAVE  
BEEN REFUSING ME TREATMENT(S) AND CARE, ON 05-28-07 PLACED  
GRIEVANCE(S) AGAINST MEDICAL DOCTOR(S) AND NURSE(S) FOR REFUSING  
ME HEALTH CARE FOR MY ASTHMA, HIGH BLOOD PRESSURE, CHEST  
PAIN, HIP PAIN, AND LOWER BACK PAIN(S) AND NOTHING IS  
BEING DONE TOWARDS RECEIVING ANY MEDICAL CARE FOR MY  
HEALTH CONDITION(S) SINCE I BECAME INCARCERATED HERE DCC  
IN BEING PAIN, AND SUFFERING.

Affiant:

Paul Smith  
Signature

Paul Smith 142003  
Print Name

Delaware Correctional Center  
Smyrna, DE. 19977

SWORN TO AND SUBSCRIBED before me this 6<sup>th</sup> day of July, 2007.

My Commission Expires: June 14, 2008

Timothy J. Martin  
Notary Public



STATE OF DELAWARE  
OFFICE OF THE GOVERNOR

RUTH ANN MINNER  
GOVERNOR

June 13, 2007

Mr. Paul Smith  
Delaware Correctional Center  
SBI# 142003  
1181 Paddock Road  
Smyrna, DE 19977

Dear Mr. Smith:

Thank you for contacting Governor Ruth Ann Minner. The Governor is in receipt of your letter, and has asked the office of constituent relations to respond on her behalf. Governor Minner appreciated it when fellow Delawareans take the time to communicate directly on the many issues we face in Delaware.

I have asked the Department of Corrections Commissioner Carl Danberg to review your letter and take the appropriate action. Thank you again for taking the time to write to Governor Minner.

Sincerely,

*Keyla Rivero Rodriguez*  
Keyla Rivero Rodriguez  
Constituent Relations



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
**OFFICE OF THE DEPUTY WARDEN**  
DELAWARE CORRECTIONAL CENTER  
1181 Paddock Road  
SMYRNA, DELAWARE 19977  
Telephone: (302) 653-9261  
Fax: (302) 659-6667

---

**MEMORANDUM**

---

TO: Inmate Paul J. Smith SBI# 00142003 Unit W  
FROM: Deputy Warden Burris *fburr*  
DATE: June 7, 2007  
RE: Inmate letter

---

Your letter dated May 28, 2007, has been forwarded to Health Services Administrator Rundle for investigation.

Cc: Health Services Administrator Rundle  
Deputy Warden Pierce

IM Paul Smith

SBN#00148003 UNIT W-I-24

DELAWARE CORRECTIONAL CENTER

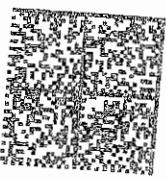
1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977

Clerk of Court  
U.S. District Court  
Lockbox 18  
844 N. King Street  
Wilmington, Delaware

0211A 0004608975 JUL 23 2007  
\$01.370 MAILER FROM ZIP CODE 19977  
WITNEY GOVANS

UNITED STATES POSTAGE  
WITNEY GOVANS



ATT.  
Legal Mail